

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on				
Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 09 / 2014 </div>	
Mailing Address 815 SLATERS LANE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 376019.00 </div>	
City ALEXANDRIA State VA Zip Code 22314		Transaction ID : SE24-0.042106 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 09 / 2014 </div>		
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate ANN KIRKPATRICK			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: AZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 919720.36 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee FP1 STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 08 / 2014 </div>	
Mailing Address PO BOX 16504			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 22175.00 </div>	
City ALEXANDRIA State VA Zip Code 22302		Transaction ID : SE24-0.042156 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 09 / 2014 </div>		
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate RONALD BARBER			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: AZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 576310.73 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 398194.00 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 398194.00 </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Keith A. Davis</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 10 / 2014 </div>	

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 815 SLATERS LANE			Amount 175052.54		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042109		
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Name of Federal Candidate RONALD BARBER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought 576310.73			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 815 SLATERS LANE			Amount 81582.20		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042121		
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Name of Federal Candidate GWEN GRAHAM		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 484123.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	256634.74
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Keith A. Davis

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SRCP MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014
Mailing Address 201 N UNION ST STE 200		Amount 24967.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042154 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate GWEN GRAHAM	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 484123.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FP1 STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014
Mailing Address PO BOX 16504		Amount 20775.00
City ALEXANDRIA	State VA	Zip Code 22302
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042157 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate JOHN BARROW	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 732141.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	45742.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014
Mailing Address 815 SLATERS LANE		Amount 136829.99
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042107 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate JOHN BARROW	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 732141.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee MCCARTHY HENNINGS WHALEN, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014
Mailing Address 1850 M ST NW STE 235		Amount 17913.00
City WASHINGTON	State DC	Zip Code 20036-5837
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042153 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate STACI APPEL	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 343134.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	154742.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014 </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 139500.55 </div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042110 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014 </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate STACI APPEL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 343134.05 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2014 </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 2500.00 </div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.041413 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2014 </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate COLLIN C PETERSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 428592.95 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 142000.55 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 142000.55 </div>

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 09 / 10 / 2014

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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AMERICAN VIEWPOINT INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 300 N LEE ST STE 400		Amount 18000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042119 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure SURVEY RESEARCH	Category/ Type		
Name of Federal Candidate COLLIN C PETERSON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: 07 State: MN
Calendar Year-To-Date Per Election for Office Sought	428592.95	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AMERICAN VIEWPOINT INC		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 08 / 2014</div> </div>	
Mailing Address 300 N LEE ST STE 400		Amount <div> <div>3506.80</div> </div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042122 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 09 / 2014</div> </div>
Purpose of Expenditure SURVEY RESEARCH		Category/ Type	
Name of Federal Candidate COLLIN C PETERSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>428592.95</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	21506.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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MM / DD / YYYY

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014 </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 68025.00 </div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042145 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014 </div>
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate COLLIN C PETERSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 428592.95 </div>			

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014 </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 282189.49 </div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042117 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014 </div>
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate COLLIN C PETERSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 428592.95 </div>			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 350214.49 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"></div>

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee ONMESSAGE INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014
Mailing Address 705 MELVIN DR STE 105		Amount 25105.00
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042210 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate COLLIN C PETERSON		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 428592.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee ONMESSAGE INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014
Mailing Address 705 MELVIN DR STE 105		Amount 8600.00
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042209 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate COLLIN C PETERSON		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 428592.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	33705.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee ONMESSAGE INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014
Mailing Address 705 MELVIN DR STE 105		Amount 19000.00
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Transaction ID : SE24-0.042118 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate COLLIN C PETERSON		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 428592.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee VICTORIA EUGENIA NEWTON		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014
Mailing Address 6825 WASHINGTON BLVD STE 104		Amount 1666.66
City ARLINGTON	State VA	Zip Code 22213
Purpose of Expenditure SURVEY RESEARCH	Category/Type	Transaction ID : SE24-0.042120 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate COLLIN C PETERSON		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 428592.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	20666.66
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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09 / 10 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	10	OF	20
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee BASSWOOD RESEARCH		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 4550 MONTGOMERY AVE STE 906		Amount 22139.00	
City BETHESDA	State MD	Zip Code 20814	Transaction ID : SE24-0.042116
Purpose of Expenditure SURVEY RESEARCH	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate RICHARD M NOLAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 409837.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee BRABENDER COX		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 1218 GRANDVIEW AVE		Amount 24425.00	
City PITTSBURGH	State PA	Zip Code 15211	Transaction ID : SE24-0.042152
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate RICHARD M NOLAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 409837.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	46564.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Keith A. Davis

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 11 OF 20
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee IMGE		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014
Mailing Address 603 KING ST 4TH FLR		Amount 138400.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042147 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate RICHARD M NOLAN		Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 409837.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee IMGE		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2014
Mailing Address 603 KING ST 4TH FLR		Amount 2500.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.041427 Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2014
Name of Federal Candidate RICHARD M NOLAN		Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 409837.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	140900.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	12	OF	20
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NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820											
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		09		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
09		09		2014									
Mailing Address 815 SLATERS LANE		Amount <table border="1"> <tr> <td colspan="5">222373.13</td> </tr> </table>		222373.13									
222373.13													
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042115										
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		09		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
09		09		2014									
Name of Federal Candidate RICHARD M NOLAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN										
Calendar Year-To-Date Per Election for Office Sought		<table border="1"> <tr> <td colspan="5">409837.13</td> </tr> </table>	409837.13					Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					
409837.13													

Full Name of Payee DMM MEDIA INC		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>08</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		08		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
09		08		2014									
Mailing Address 1911 N FORT MYER DR STE 400		Amount <table border="1"> <tr> <td colspan="5">23318.75</td> </tr> </table>		23318.75									
23318.75													
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SE24-0.042163										
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		09		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
09		09		2014									
Name of Federal Candidate TIMOTHY BISHOP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY										
Calendar Year-To-Date Per Election for Office Sought		<table border="1"> <tr> <td colspan="5">407848.40</td> </tr> </table>	407848.40					Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					
407848.40													

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1"> <tr> <td colspan="5">245691.88</td> </tr> </table>	245691.88				
245691.88						
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1"> <tr> <td colspan="5"></td> </tr> </table>					
(c) TOTAL Independent Expenditures..... ▶	<table border="1"> <tr> <td colspan="5"></td> </tr> </table>					

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

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09		10		2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 13 OF 20
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DMM MEDIA INC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 1911 N FORT MYER DR STE 400			Amount 5000.00		
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SE24-0.042160		
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Name of Federal Candidate TIMOTHY BISHOP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 407848.40			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee GS STRATEGY GROUP			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 350 N 9TH ST SUITE 550			Amount 21330.00		
City BOISE	State ID	Zip Code 83702	Transaction ID : SE24-0.042114		
Purpose of Expenditure SURVEY RESEARCH		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Name of Federal Candidate TIMOTHY BISHOP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 407848.40			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26330.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">149625.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042144 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>
Purpose of Expenditure MEDIA	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate TIMOTHY BISHOP		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">206074.65</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042113 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>
Purpose of Expenditure MEDIA	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate TIMOTHY BISHOP		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">355699.65</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 15 OF 20
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2014
Mailing Address 815 SLATERS LANE		Amount 2500.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.041416 Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2014
Name of Federal Candidate TIMOTHY BISHOP		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 407848.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee IMGE		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014
Mailing Address 603 KING ST 4TH FLR		Amount 1000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042168 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate SEAN ELDRIDGE		Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 27250.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee FP1 STRATEGIES LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2014 </div>	
Mailing Address PO BOX 16504		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 20425.00 </div>	
City ALEXANDRIA	State VA	Zip Code 22302	Transaction ID : SE24-0.042155 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014 </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate NICK J RAHALL II		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 618639.85 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014 </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 248938.22 </div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042108 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014 </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate NICK J RAHALL II		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 618639.85 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 269363.22 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 269363.22 </div>

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Keith A. Davis

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M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DMM MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 1911 N FORT MYER DR STE 400		Amount 3000.00	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SE24-0.042165
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate WILLIAM L ENYART JR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee DMM MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 1911 N FORT MYER DR STE 400		Amount 2000.00	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SE24-0.042164
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate MIKE J BOST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Keith A. Davis

[Electronically Filed]

Date

MM / DD / YYYY
09 / 10 / 2014

Signature

FEC IDENTIFICATION NUMBER ▼

C C00075820

Date of Public Distribution/Dissemination



Amount

13912.29

Transaction ID : SE24-0.042166

Date of Disbursement or Obligation

09 / 09 / 2014

Office Sought: ☒ House District: 12
☐ President ☐ Senate State: IL

372195.12

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ►

Date of Public Distribution/Dissemination

09 / 08 / 2014

Amount

9274.86

Transaction ID : SE24-0.042167

Date of Disbursement or Obligation

09 / 09 / 2014

Office Sought: ☒ House District: 12
☐ President ☐ Senate State: IL

372195.12

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

23187.15

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[illegible]

Keith A. Davis

Date _____

09 / 10 / 2014

FEC Schedule E (Form 24/28) Rev. 09/2013

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 19 OF 20
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee IMGE		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>	
Mailing Address 603 KING ST 4TH FLR		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">42600.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042211 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>
Purpose of Expenditure MEDIA	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate WILLIAM L ENYART JR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">372195.12</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee IMGE		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>	
Mailing Address 603 KING ST 4TH FLR		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">28400.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042212 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>
Purpose of Expenditure MEDIA	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate MIKE J BOST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">372195.12</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">71000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

MM / DD / YYYY
09 / 10 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 20 OF 20
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00075820 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014 </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 99483.19 </div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042112 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014 </div>
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate MIKE J BOST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 12 State: IL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

372195.12

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014 </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 149224.78 </div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042111 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014 </div>
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate WILLIAM L ENYART JR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 12 State: IL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

372195.12

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 248707.97 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2859351.10 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2014

Signature